Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		<u> </u>			1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0990011	BLUE TRAILS WATER	ASSOCIATION			С	228	Р	GW
Local Address (v	here applicable)		Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
			Connections	57				

Towns Served: DURHAM, NORTH BRANFORD			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Water Quality Monitoring and Con	_			
PWS ID	<u> </u>				Primary Source
	BLUE TRAILS WATER ASSOCIATION	С	228	Р	GW

Connections

Residential Commercial

57

Industrial

Combined

Agricultural

Service

Towns Served: DURHAM, NORTH BRANFORD

Local Address (where applicable)

Towns Served. Berlin and North Blown One								
Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/17 - 12/31/19							
	1/1/20 - 12/31/22							
Organic Chemicals (VOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/20							
	1/1/21 - 12/31/23							
Other Comp	liance Schedules							

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018							
RESPOND TO SANITARY SURVEY	3/30/2019	3/28/2019						
SUBMIT CCR TO THE DEPARTMENT	6/30/2019							
SUBMIT CCR CERTIFICATION FORM	8/9/2019							
CROSS CONNECTION EXEMPTION	3/1/2024							

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BT01	PUMPHOUSE	Α	Υ	3	Υ		
		BT02	13 BARBARA LANE	Α	Υ	3	Υ		
		BT03	31 GINNY LANE	Α	Υ	3	Υ		
		BT04	33 GINNY LANE	Α	Υ	3	Υ		
		BT05	58 BARBARA LANE	Α	Υ	3	Υ		
		BT06	59 BARBARA LANE	Α	Υ	3	Υ		
		BT07	60 BLUE TRAILS	Α	Υ	3	Υ		
		BT08	62 BARBARA LANE	Α	Υ	3	Υ		
		BT09	73 CAMERA RD	Α	Υ	3	Υ		
		BT10	75 CAMERA RD	Α	Υ	3	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Dena	rtment	of Public	Health	Drir	king	Wat	er Se	ection	
		•		nitoring a			_	•			
PWS ID	PWS Name	ter Quar	ircy 14101	intorning a	ina con					ner Type	Primary Source
	BLUE TRAILS WA	ATER ASSOCIA	ATION			(228		Р	GW
Local Address (w	nere applicable)			Service	Residen	itial Co	mmerci	ial Indu	strial	Combine	d Agricultural
,				Connectio	ns 57						
Towns Served: D	JRHAM, NORTH	BRANFORD		,	1						"
		Water Sy	stem Fa	cility and S	ampling	Poin	t Inve	ntory			
Water							To	otal Le	ad and	ı	
System Water Facility ID	System Facility		Sampling Po ID	int Sampling Description		Sta		-	Copper ule Tie	r Asbesto	Stage s WQP 2 DBPR
57739 ATMO	SPHERIC TANKS										
57741 PUMP	STATION										
57743 PRESS	URE TANK										
723 WELL	#1		2	WELL #1		A	4				
			Certifie	ed Operato	or Inform	nation	1				
Water System F	acility: DISTR	IBUTION SY	STEM (WS	SF ID: 00600)							
Facility Classifica	tion: SMALL WA	ATER SYSTEM	l								Certification
Operator Name			Operator 1	Туре	Certification	on(s)					Expiration
DEKOEYER, JAME	S		CHIEF OPER	ATOR	SMALL WA	TER SYS	TEM OF	PERATOR	CONDI	TIONAL	9/30/2020
			С	ontact Info	ormation	1					
Name				Organization						Job Title	
Blue Trails Assoc	iation, Coporat	ion									
Mailing Address I	ine One		Mailing Add	ress Line Two				City		State	Zip Code
Barbara Lane							Durhai	m		СТ	06422
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email A	Address			
609-748-9186											
Contact Role(s):	Owner										
Name				Organization						Job Title	
Mr. Richard Hint			I	Blue Trails Wa	ater Associa	tion		Presid	ent		
Mailing Address I	ine One		Mailing Add	ress Line Two				City		State	Zip Code
62 Barbara Lane							Durhai			СТ	06422
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone					
860-463-8547		• • •					rhintz(01@como	cast.net	t	
Contact Role(s):	Administrative	Contact		0						rate more	
Name				Organization	0.14					Job Title	
Mr. Pasquale You			Mailie a Add	Berdon, Youn	g & Margoli	s, PC		Attorn	ey	C+-+-	7in Cada
Mailing Address I	line One		_	ress Line Two			Novell	City		State	Zip Code
350 Orange St.			2Nd Floor		Т		New H	iaven		СТ	06511

Contact Role(s): Legal Contact

Extension

Please note the following:

Business Phone

203-772-8414

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

203-492-4444

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C		Cla	ssification	Population	Owner Type	Primary Source		
CT0990031 NORTHFORD GLEN CONDOMINIUM ASSOCIATION			С	84	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
246 REEDS GAP	RD	Connections	21					

Towns Served: NORTH BRANFORD			
Monitorin	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Chlorine Residual (0999)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Disinfectant Byproducts - TTHM & HAA5 (DBP)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
BUILDINGS 1 & 2 UNITS (NGCDDBP1)	1/1/18 - 12/31/18	7/1-7/31	Complete
	1/1/19 - 12/31/19	7/1-7/31	<u> </u>
	1/1/20 - 12/31/20	7/1-7/31	
Lead And Copper (PBCU)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
Lead And Copper (PBCU)	<u> </u>		(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 6/30/19		
, , ,	7/1/19 - 12/31/19		
Physical Parameters (PPS)	,	1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
, r U	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C		Cla	ssification	Population	Owner Type	Primary Source		
CT0990031 NORTHFORD GLEN CONDOMINIUM ASSOCIATION			С	84	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
246 REEDS GAP	RD	Connections	21					

Towns Served: NORTH BRANFORD			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060)	<u> </u>		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water Quality Parameters (WQPD)		2 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Net Gross Alpha (4000)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		·
Combined Radium-226/228 (4010)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monit	oring and	d Con	npliand	e S	chedul	.e			
PWS ID PWS Name					Classification Population		Owner Type	Primary Source		
СТ0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIA	С	С		Р	GW				
Local Address (Service	Residen	ntial Commerci		al Industri	al Combin	ed Agricultural			
246 REEDS GAF	PRD	Connections 21								
Towns Served:	NORTH BRANFORD			·		·		·		
Monitoring Requirements										

Towns Served: NORTH BRANFORD			
Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Lead And Copper (PBCU)		1 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 3/31/19		Complete
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Water Quality Parameters - Basic (WQP1)		2 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18	6/1-9/30	
Water System Facility: WELL #1 (WSF ID: 709)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C						Population	Owner Type	Primary Source
CT0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIATION					84	Р	GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
246 REEDS GAP	RD	Connections	21					

Towns Served: NORTH BRANFORD

Water System Facility:	ENTRY POINT (WSFID: 00700)								
Analyte	Monitoring Requirement (Summary Type	Operating Limit		Samples Req/Month					
Chlorine	Entry Point Chlorine Residual Monitoring	dual Monitoring (CHLR) Minimum: 0.2 MG/L							
Start Date: 7/1/2003	Co	ompliance	e History:	Monitoring					
	te: //1/2003 Compliance History: Operating Limit Monitoring Period Compliance Status								
	11	/1/2018 -	11/30/2018		N				
	12/1/2018 - 12/31/2018								
	1/	1/2019 - :	1/31/2019		N				
	2/	1/2019 - 2	2/28/2019		N				
	3/	1/2019 - 3	3/31/2019						
	4/	1/2019 - 4	4/30/2019						
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month					
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS))	Minimum: 0.1	MG/L	2				
Start Date: 7/1/2003	Co	e History:	Operating Limit	Monitoring					
	Monitoring Period Compliance Statu				: Compliance Status:				
·	11	/1/2018 -	11/30/2018	·	N				
	12	/1/2018 -	12/31/2018		N				
	1/	1/2019 - 3	1/31/2019	<u> </u>	N				
	2/	N							
	3/	1/2019 - 3	3/31/2019						

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015								
CCTS 1: PWS TO RECOMMEND OCCT	3/15/2019	3/15/2019							
SWTS 1: PWS TO RECOMMEND SOWT	3/15/2019	3/15/2019							
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	5/1/2019								
LEAD PUBLIC EDUCATION REPORT TO STATE	5/11/2019								
SUBMIT CCR TO THE DEPARTMENT	6/30/2019								
SUBMIT CCR CERTIFICATION FORM	8/9/2019								
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	10/31/2019								
CROSS CONNECTION SURVEY REPORT	3/1/2020								
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	10/31/2020								

4/1/2019 - 4/30/2019

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		NGCDDBP1	BUILDINGS 1 & 2 UNIT	Α				Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	C	onnectic	ut Dep	artment	of	Public	Health D	rin	ıkin	g V	Vater	Se	ction	
		Wa	ter Qua	ality Mo	nit	oring a	and Comp	lia	nce	_				
PWS ID	PV	VS Name					Cla	assifi	cation	Po	pulation	Owi	ner Type P	rimary Source
СТ099003	81 NO	ORTHFORD GL	EN CONDO	MINIUM ASS	SOCI/	ATION		C			84		Р	GW
Local Address (where applicable) Service							Residential	Со	mmer	cial	Industria	ıl	Combined	Agricultural
246 REED						Connection	ons 21							
Towns Ser	rved: NO	RTH BRANFOR			_			_		_		_		
			Water 9	System Fa	acili	ty and S	Sampling Po	oint	t Inv	ent	ory			
Water										Total		and		
System		ystem Facility		Sampling Po	oint					lifor			A - l 4	Stage
Facility ID				ID		Description	on	Sta	tus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
333		ORD GLEN PU												
51644		PHERIC STORA												
51646	TANK	PNEUMATIC ST												
51648	BOOSTE	R PUMPING F	ACILITIES											
709	WELL #1			2		WELL #1		F	١					
				Certifi	ed	Operate	or Informat	ion)					
Water Sy	/stem Fa	cility: DISTR	IBUTION S	SYSTEM (W	SF II	D: 00600)								
Facility Cl	lassificatio	on: DISTRIBUT	ION SYSTE	M										Certification
Operator	Name			Operator	Тур	e	Certification(s) Expire							Expiration
COSSETTE, EVAN J CHIEF OPERATO					RATO	OR DISTRIBUTION SYSTEM OPERATOR - CLASS II						II	9/30/2021	
					DISTRIBUTION SY			SYS	TEM OPERATOR IN TRAINING					6/30/2021
							WATER TREAT	MEN	IT PLA	O TV	PERATOR	- CI	LASS IV	6/30/2021
Water Sy	stem Fa	cility: NORT	HFORD GI	LEN PUMPH	OUS	SE (WSF II	D: 333)							
Facility Cl	lassificatio	on: CLASS 1 TI	REATMENT	PLANT										Certification
Operator	Name			Operator	Тур	e	Certification(s)							Expiration
COSSETTE	E, EVAN J			CHIEF OPER	RATO	R	DISTRIBUTION SYSTEM OPERATOR - CLASS II							9/30/2021
							DISTRIBUTION	SYS	гем о	PERA	ATOR IN T	RAII	NING	6/30/2021
							WATER TREAT	MEN	IT PLA	O TV	PERATOR	- CI	LASS IV	6/30/2021
					Con	tact Info	ormation							
Name					Or	ganization							Job Title	
Northford	d Glen Co	ndominium A	ssociation											
Mailing A	ddress Lir	ne One		Mailing Ad	dress	s Line Two					City		State	Zip Code
Emergenc	cy Contact	t							Emer	genc	y Contact		СТ	06000
Busines	s Phone	Extension	Fax	x N	∕lobi	le Phone	Emergency Ph	one	Email	Add	ress			
203-48	84-4869													
Contact R	tole(s): O	wner												
Name						rganization							Job Title	
Mr. Micha							en Condo Assn.		1	P	resident			
Mailing A				Mailing Ad	dress	s Line Two					City		State	Zip Code
246 Reeds				Unit 2D			1		North				СТ	06472
	s Phone	Extension	Fax	x N	∕lobi	le Phone	Emergency Ph							
	06-3888						203-589-839	96	juliea	ndm	ak@att.n	et		
Contact R	tole(s): L	egal Contact, (Owner											

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Depa	rtmen	t of	Public 1	Health	Dri:	nking	Water	Section		
	Wat	ter Qual	ity Mo	nito	oring ar	nd Con	nplia	ince S	Schedul	le		
PWS ID F	PWS Name							fication	Population	Owner Type	Primary Source	
CT0990031	NORTHFORD GLEN CONDOMINIUM ASSOCIATION							С	84	Р	GW	
Local Address (where applicable)					Service	Resider	ntial Co	ommercia	al Industri	al Combine	ed Agricultural	
246 REEDS GAP R	D				Connection	s 21						
Towns Served: NO	ORTH BRANFORD)				"	'			1		
Name				Org	Organization				Job Title			
Mr. Norman Goo	dman			No	Northford Glen Condominium Ass Property Manager							
Mailing Address L	ine One		Mailing Ad	ddress	ress Line Two			City		State	Zip Code	
P. O. Box 351								West H	West Haven		06516	
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	Email A	Address			
203-933-7960		203-937-8784						NORMG45@AOL.COM				
Contact Role(s):	Administrative	Contact										

Contact Role(s). Administrative Contac

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule